



Home of the Tualatin River National Wildlife Refuge

Request for Records

22560 SW Pine Street
 Sherwood, OR 97140
 Main Fax (503) 625-5524
 City Recorder Fax (503) 625-4254
 Phone (503) 625-5522
 Website: www.sherwoodoregon.gov

ORS 192.420 allows for the right "of every person" to inspect any nonexempt public record of a public body in Oregon. The City will respond to record requests within five (5) business days and will provide records within twenty (20) business days. Time required will depend upon the volume of records requested, the available staff to respond to the request, and the difficulty in determining whether the records are exempt from disclosure. The City's need to consult with other agencies may also need to be taken into account. **Submit your request to the City Recorders office.**

Date: _____ **Email:** _____

Name: _____ **Phone Number:** _____

Address: _____

Street

City

Zip

Please check how you would like to receive the requested records:

Review at City Offices Pick Up Email U.S. Mail

Have you contacted someone within the City about this request? Yes No

Name _____

Dept.: _____

Please make your request as complete and detailed as possible, attach additional page if needed.

Copyright Disclosure: I acknowledge that the records are provided pursuant to Oregon's public records laws. In the event the records include copyrighted materials, I acknowledge that I must comply with applicable copyright laws.

Customer Signature _____

Staff time is billed in 15-minute increments according to the calculations shown on the current Fee Schedule, available on the City's website. An estimate of charges will be calculated and a 50% deposit required upon receipt of request. Balance will be due upon pick-up of record(s) requested.

Photocopies 8.5 x 11 are .15 single/.25 double

Data Disk \$25 each

Please see the City of Sherwood Fee Schedule for a complete list of fees.

Estimated Fees: _____

Deposit Amount: _____

For Staff Use Only

Request Received By: _____ **Date:** _____

Number of pages copied: _____ **Time Spent** _____ **Number of Data Disk(s) provided:** _____

Deposit Paid _____ **Check #** _____ **Cash** _____ **Visa/MC** _____

Balance Paid _____ **Check #** _____ **Cash** _____ **Visa/MC** _____

Date Record(s) Picked Up: _____

Customer Signature: _____

Date Provided Electronically: _____

Staff Initials: _____